
GENITOURINARY MEDICINE

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This *Journal*, founded by the Medical Society for the Study of the Venereal Diseases, publishes original work on the investigation and treatment of genitourinary and allied disorders, and review articles, correspondence, and abstracts.

Advice to authors Papers for publication, which will be accepted on the understanding that they have not been and will not be published elsewhere and are subject to editorial revision, should be sent in duplicate to Dr A Mindel, Academic Department of Genitourinary Medicine, James Pringle House, Middlesex Hospital, London W1N 8AA. All authors must give signed consent to publication. Submitted papers must be accompanied by the following statement, signed by all the authors: "No paper resembling the enclosed article has been or will be published except in Genitourinary Medicine. We transfer all copyright ownership to Genitourinary Medicine." Manuscripts will only be acknowledged if a stamped addressed postcard or international reply coupon is enclosed. Rejected papers will not be returned. Figures will be returned if requested at the time of submission.

Full details of requirements for manuscripts in the Vancouver style (*BMJ* 1982;284:1766-70) are given in *Uniform requirements for manuscripts submitted to biomedical journals*, available from the Publishing Manager, *British Medical Journal*, BMA House (50p post free). Briefly details are as follows:

(1) *Scripts (including correspondence and book reviews)* must be typewritten on one side of the paper in double spacing with ample margins. Two copies should be sent.

(2) *Each script* should include, in the following order: a brief summary (structured summaries are preferred), typed on a separate sheet, outlining the main observations and conclusions; the text divided into appropriate sections; acknowledgements; references; tables, each on a separate sheet; and legends for illustrations.

(3) *The title* of the paper should be as brief as possible.

(4) *The number of authors* should be kept to the minimum, and only their initials and family names used.

(5) *Only the institution(s)* where work was done by each author should be stated.

(6) *SI units* must be used. If old fashioned units are used, SI units should be given in parentheses or, for tables and figures, a conversion factor given as a footnote.

(7) *Only recognised abbreviations* should be used.

(8) *Acknowledgements* should be limited to workers whose courtesy or help extended beyond their paid work, and supporting organisations.

(9) *Figures* should be numbered in the order in which they are first mentioned in the text. Captions should be typed on a separate sheet. (*Diagrams*: use thick, white paper and insert lettering lightly in pencil. *Photographs*: should be marked lightly on the back with the author's name and indicating the top, and should not be attached by paper clips or pins. They should be trimmed to include only the relevant section (and will be reproduced 68 or 145 mm wide) to eliminate the need for reduction. Photomicrographs must have internal scale markers. Radiographs should be submitted as photographic prints, carefully prepared so that they bring out the exact point to be illustrated.

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- 2 De Schryver A, Meheus A. International travel and sexually transmitted diseases. *World Health Stat* 1989; 42:90-9.

Focal vulvitis and localised dyspareunia

We were most interested to read Dr Oates recent article on focal vulvitis and localised dyspareunia in *Genitourin Med* 1990;66:28-30.¹ However, we would like to draw your attention to a recent article on this subject which has been discussed by McKay in the *Archives of Dermatology*.²

In 1983 two different authors described separately the pathological changes of vestibular glands and the treatment of the symptom-complex, which consists of vulval burning, dyspareunia associated with erythema around the vestibular gland and focal tenderness.^{3,4} However, in 1987 Friedrich⁵ who was unable to detect any active infection in the vestibular gland, called this a vulvar vestibulitis syndrome. In our view Peckham *et al*⁶ also had described in 1986 the same condition but under a different title.

Some recent work by Turner and Marinoff⁷ has ascribed dyspareunia to human papilloma virus (HPV) infection in some instances. They in 1988 had studied seven patients with vulvar vestibulitis syndrome and discovered acetowhite areas in the vulvar vestibule in all their patients, but histology proved non-diagnostic in four. However, using the Southern blot method for DNA hybridisation all their seven patients were positive for HPV DNA, but only one was type 6. In the remaining six patients typing for 6, 11, 16, 18, and 31 was negative.

These authors suggested that HPV infection could be one of the causes of vulvar vestibulitis syndrome which is therefore treatable. We are not sure whether treatment of such sub-clinical HPV lesions would prove beneficial in every case. We would agree with McKay² that as multiple factors influence the subjective complaints of vulvodynia which needs a thorough diagnostic search, along with sympathetic approach and understanding, a larger study of this complex problem would be of great help.

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- 1 Oates JK. Focal vulvitis and localised dyspareunia. *Genitourin Med* 1990;66: 28-30.
- 2 McKay M. Vulvodynia. *Arch Dermatol* 1989;135:256-62.
- 3 Friedrich EG. The vulvar vestibule. *J Reprod Med* 1983;28:773-9.
- 4 Woodruff JD, Palmley TH. Infection of the minor vestibular gland. *Obstet Gynaecol* 1983;62:609-11.
- 5 Friedrich EG. Vulvar vestibulitis syndrome. *J Reprod Med* 1987;32:110.
- 6 Peckham BM, Maki DG, Patterson JJ, Hefez GR. Focal vulvitis: a characteristic syndrome and cause of dyspareunia. *Am J Obstet Gynecol* 1986;154:856-64.
- 7 Turner MLC, Marinoff SF. Association of human papilloma virus with vulvodynia and vulvar vestibulitis syndrome. *J Reprod Med* 1988;33: 533-7.

NOTICES

Organisers of meetings who wish to insert notices should send details to the editor (address on the inside front cover) at least eight months before the date of the meeting or six months before the closing date for applications.

18th World Congress of Dermatology—New York, 12-18 June 1992

The next (18th) World Congress of Dermatology will take place in New York City from 12-18 June 1992. "Dermatology—Progress and Perspectives" is the theme of the 6 day programme, focusing on the most recent advances and important issues in worldwide dermatology, and future directions in research and therapy. The Congress will provide a stimulating educational experience and a unique opportunity for dermatologists to interact with colleagues from all over the world.

John S Strauss has been named President of the Congress, and Stephen I Katz will serve as the Secretary General. Honorary

Presidents are Rudolf L Baer and Clarence S Livingood. Alan R Shalita is the Deputy Secretary General.

The preliminary programme, abstract forms, and registration materials will be available in December 1990. Additional information can be obtained from the 18th Congress Secretariat, 22 Euclid Street, Woodbury, NJ 08096, USA.

The Medical Society for the Study of Venereal Diseases (MSSVD) Undergraduate Prize — Regulations

- 1 A prize of £150.00, to be called the MSSVD Undergraduate Prize, will be awarded annually by the MSSVD (provided an entry of a suitable standard is received).
- 2 Entries for the prize will take the form of a report written in English.
- 3 The subject of the report should be related to sexually transmitted disease, genitourinary medicine, or human immunodeficiency virus (HIV) related infection.
- 4 The report should concern original and unpublished observations made by the entrant. The report, which should not exceed 2000 words, should include an introduction to the subject, methods used to make the observations, findings, and discussion. A summary of the report should also be provided on a separate sheet. Entries must be machine or type written, with double spacing, on one side only of A4 paper. Three copies must be submitted.
- 5 The subject must be approved by a genitourinary physician at the entrant's medical school. The observation must be made before full registration. A winner may not enter for the prize again. Each entry should be accompanied by a declaration that these conditions have been fulfilled.
- 6 Entries should be submitted to the honorary secretary of the MSSVD by June 30 each year. They will then be considered by the president, the honorary secretary, and the honorary treasurer. When appropriate other experts may be consulted. These assessors will make recommendations to council,

who will make the final decision concerning the prize.

- 7 Entries must be submitted within 12 months of full registration or its equivalent.
- 8 Regulations are obtainable from the honorary secretary of the MSSVD.
- 9 The assessors may ask the editor of an appropriate journal to consider an entry for publication. If so, it will be received for publication in the usual way.

The Medical Society for the Study of Venereal Diseases. Report of the Honorary Secretary to the 69th Annual General Meeting held at the Royal Society of Medicine on 12 October 1990

During this year, the membership of the society has risen from 507 to 557 of which 148 are overseas members. Five honorary life members were elected: Sir Donald Acheson, Professor King Holmes, Professor Anton Luger, Dr Philip Rodin and Professor Ernst Stolz.

Five ordinary general meetings were held and these were all well attended. The Society is grateful to the Royal Society of Medicine for allowing the meetings to be held in the Barnes Hall. The meetings were sponsored by Gist-brocades and by the Wellcome Foundation and the Society thanks them for their support.

The Spring Meeting was held in Shanklin, Isle of Wight, from 17–20 May 1990. Thirty six papers were presented and 36 shown as posters. The content and standard of presentation were high and the third MSSVD Spring Meeting Prize was awarded to Dr Helen Lacey from Manchester. There was a record attendance of 162 delegates and 44 guests. The Society is grateful to Dr Christine Baksi and her team for organising such a splendid meeting. Thanks go to the pharmaceutical companies who provided such generous sponsorship—in particular to Bayer UK, Gist-brocades, Janssen Pharmaceuticals, KabiVitrum, May & Baker, Pfizer, Smith Kline & Beecham and The Wellcome Foundation.

A highly successful joint meeting between MSSVD and the Dutch Society for the Study of Sexually Transmitted Diseases (entitled "Sex-

ually Transmitted Diseases: Viral Infections as a Cause of STD) was held in Amsterdam from 17–18 November 1989.

The ninth genitourinary study weekend for doctors in training in genitourinary medicine was held at Tetley Hall, The University of Leeds, from 31 March to 1 April 1990 and was attended by 92 doctors. The Society is grateful to Bayer UK for providing financial support. The next meeting will again be held in Leeds on the weekend of 13–14 April 1991, and again Bayer has promised full support.

The Council of the Society met on five occasions and discussed many issues of importance to the specialty including: the association of genitourinary medicine with dermatology following changes in the EEC expected to occur in 1992, the role of genitourinary medicine following introduction of the White Paper, cervical cytology and confidentiality, and the composition of the Council of MSSVD.

Genitourinary Medicine Volume 65 in 1989 consisted of 433 pages and contained 82 original papers. The papers were concerned with all aspects of sexually transmitted infections and were received from all over the world. The Society thanks Dr Adrian Mindel for his hard work as Editor in improving the appearance and content of the journal.

I should like to give my personal thanks for their support and encouragement during my first year of office to the Honorary Treasurer Dr James Bingham, the Honorary Assistant Secretary Dr Mark FitzGerald, and especially to the President and previous Honorary Secretary, Dr Michael Waugh.

DR MJ GODLEY,
12 October 1990

BOOK REVIEWS

Immunology of Sexually Transmitted Diseases. Edited by D J M Wright. (Pp 274; Price £45.) Dordrecht: Kluwer Academic Publishers. ISBN 0 746 200 870.

The subject of immunology and its applications in clinical medicine are

rapidly expanding and *Immunology and Medicine Series* attempts to provide contemporary views of immunological mechanisms in a range of clinical specialities. As the editor of this volume says, "the modern clinician is expected to be the fount of all wisdom concerning conventional diagnoses and management within his sphere of practice" and this was never more true than in the field of genitourinary medicine where immunology is perceived to be integral to the understanding and management of most sexually transmitted diseases (STD).

This multi-author text provides a much needed starting point for understanding the role of immune mechanisms in pathogenesis, diagnosis and treatment of a wide range of STD, an area sadly lacking to date in the specialist training of genitourinary physicians. It is suitable for clinicians and other health care professionals working in the field who wish to have a working knowledge of the subject, for pathologists and scientists who desire background or a starting point for specific research projects, and as a reference text for medical students. The book rightly assumes an understanding of general immunology; it adequately covers most major areas of STD, including: syphilis, viral hepatitis, HIV, gonorrhoea, herpes, Reiter's syndrome, mycoplasma and chlamydial infections, scabies, warts, and provides sections on relevant allergic reactions, most chapters with excellent bibliographies.

Overall a well written book recommended for clinicians, pathologists and scientists working in the field of genitourinary medicine.

C LOVEDAY

ABC of Sexually Transmitted Diseases by MW Adler. (Pp 70: £10.95). London: BMA, 1990 (ISBN 0-7279-0261-X)

The second edition of this book will be welcomed by all who need to recommend an up-to-date, concise book encompassing all aspects of genitourinary medicine suitable for General Practitioners and medical students.

The first thing I noticed about the new edition was the change of illustration on the cover—this cleverly demonstrates the potential spread of a sexually transmitted disease. The

chapter headings are unaltered with contributions as before from Ian Weller and David Goldmeier. The page setting remains the same but the text, graphs and tables have all been updated and the numbers of clinical pictures (now in colour) have increased. These show good examples of typical appearances.

In a book aimed at the non-specialist a clinical approach to the common symptoms of urethral discharge, vaginal discharge and genital ulcers is very sensible, and this has been maintained in the first few chapters of this new edition. These cover the potential causes, the appropriate examination, investigations and management. Guidance is given as to which patients

could be managed by the non-specialist and which should be referred. This is in the form of easy to follow flow charts.

The chapter that needed most updating was on AIDS. The original version was written before the identification of HIV and covered only two pages. This has now been expanded to eight pages which compactly cover the whole spectrum from epidemiology through to treatments and prevention.

The remainder of the sexually transmitted diseases are covered in the more traditional disease-based way. In addition to these there are chapters on dermatological and other non-transmissible conditions of the genitalia with good illustrations, psychological

and sexual problems and the problems of sexually transmitted diseases in pregnancy and neonates.

As with all short books space has limited the discussions of treatment and management and although those recommended may not be followed by all genitourinary physicians, alternatives are given.

This new edition remains just as refreshing as the old in its approach to genitourinary medicine and is now completely updated. At £10.95 it is easily affordable for all medical students, nurses and doctors who want a sound basic knowledge and understanding of sexually transmitted diseases and allied conditions.

JANET WILSON

ASSESSORS

The Editor thanks the following for their help in assessing submitted papers in 1990.

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